

20. Sarcoma of Bladder, North London, or University College Hospital, Report, 1889, London, 1891, p. 83.
21. Baker, M. *Lancet*, London, 1886, vol. i. p. 737.
22. Golding-Bird. *British Medical Journal*, 1889, vol. i. p. 17.
23. Langton. *Lancet*, London, 1885, vol. ii. p. 1185.
24. Whitehead, W. *Ibid.*, 1889, vol. i. p. 378.
25. Heath. *Medical Times and Gazette*, London, 1879, vol. ii. p. 662.
26. Stimson, L. A. *Medical Record*, New York, 1878, vol. xiv. p. 395.
27. Stankiewicz, W. *Atti d'XI. Cong. med. internaz. Chir.*, 1894, Roma, 1895, vol. iv., pp. 479-483.
28. Krouse, L. J. *Cincinnati Lancet-Clinic*, 1898, n. s., vol. xl. p. 439.
29. Bunce, W. C. *Cleveland Journal of Medicine*, 1900, vol. v. pp. 198-201.
30. Paget, S. *West London Medical Journal*, 1902, vol. vii. pp. 317-318.
31. Löhr. *Berliner klin. Woch.*, 1896, Bd. xxxiii. p. 331.
32. Steinmetz. *Deutsche Zeitsch. f. Chir.*, Leipzig, 1894, Bd. xxxix., pp. 313, 336.
33. Sempfleben, H. *Arch. f. klin. Chir.*, Berlin, 1861, Bd. i. p. 128.
34. Marchand, F. *Ibid.*, 1878, Bd. xxii. p. 679.
35. Siewert, G. *Inaugural Dissertation*, Greifswald, 1881.
36. Helm-Vöglin, Marie. *Corresp.-Blatt f. Schweiz. Aerzte*, Basel, 1879, Bd. ix. p. 391.
37. Schlegelndal, B. *Centralbl. f. Gynäk.*, Leipzig, 1885, Bd. ix. p. 385.
38. Gussenbauer, C. *Arch. f. klin. Chir.*, Berlin, 1875, Bd. xviii. p. 411.
39. König, Franz. *Lehrb. d. spec. Chir.*, Berlin, 1893, 6th edit., Bd. ii. p. 674.
40. Chaffey, W. C. *Transactions of the Pathological Society of London*, 1884-1885, vol. xxxvi. p. 287.
41. Butlin. *Lancet*, London, 1882, vol. i. p. 310.
42. Lostalot. *Rev. mens. d. mal. de l'enf.*, Paris, 1888, tome vi. p. 461.
43. Albarran, Joaquin. *Les tumeurs de la vessie*, Paris, 1892.
44. Morgan, J. H. *Medical Times and Gazette*, London, 1885, vol. ii. pp. 211-213.
45. Weir, Robert F. *Medical News*, Philadelphia, 1886, vol. xlix. pp. 623-625.
46. Shattock, S. G. *Transactions of the Pathological Society of London*, 1886-87, vol. xxxviii. p. 183.
47. Nicolich, G. *An. des mal. des org. gén.-urin.*, Paris, 1888, tome vi. p. 635.
48. Freyer, P. J. *Lancet*, London, 1903, vol. i. pp. 215-221.

A CASE OF SPONTANEOUS ARREST OF GROWTH IN AN ENDOTHELIOMA, WITH SUBSEQUENT INFLAMMATORY ABSORPTION.¹

BY B. M. RANDOLPH, M.D.,
OF PHILADELPHIA.

M. S., aged forty-three years, Hebrew, has always been healthy; four living healthy children; lost one in infancy; last child twelve years old. Symptoms pointing to beginning menopause are present.

Three years ago there appeared on the posterior aspect of the left forearm, about the junction of the upper and middle thirds, a small nodule beneath the skin, which was movable and painless. In the beginning the patient squeezed and otherwise handled it, on one occasion bringing a little blood. The mass grew steadily and painlessly for six months, in that time attaining its present size. From that time till two weeks before operation it remained stationary.

¹ Presented before the Philadelphia Pathological Society, April 14, 1904.

Two weeks before applying for relief the mass began to be painful and to show signs of inflammatory reaction. The mass was excised by Dr. Steinbach at his clinic in the Polyclinic Hospital. Two weeks later the wound had healed by primary union. There was no evidence of recurrence six months after operation.

Pathological Examination. The mass is flattened, dense, has a smooth, glistening base. On the upper surface is a portion of normal

FIG. 1.



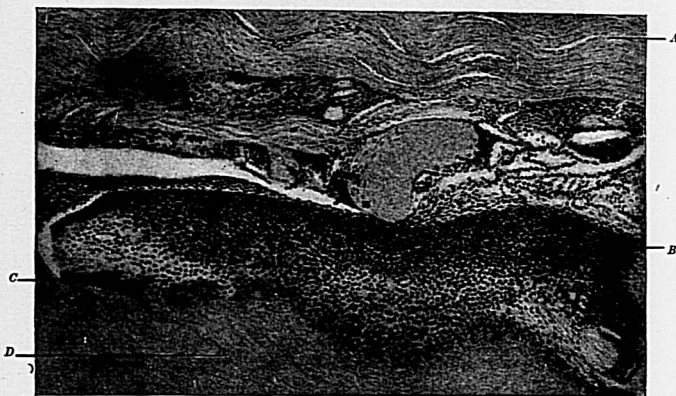
MARIN M. HALL REC
A. Alveolus containing necrotic cells. B. Giant cells. C. Round-celled proliferation in connective tissue. (Obj. 16 mm. Oc. 8 $\times$. Formol-Müller. Hem.-eos.)

skin, which is not adherent nor in any way connected with the growth. The mass is flattened, slightly elliptical, $1\frac{1}{2} \times 2 \times \frac{3}{4}$ inches. It has a capsule, which is derived from the surrounding connective tissue. On section it presents a grayish-white appearance composed of dry, friable, fibrous material.

Specimen fixed and hardened in Orth's fluid; sections cut with freezing microtome and stained with hæmatoxylin, hæmatoxylin and eosin, Van Gieson's stain, Unna's polychrome methylene blue,

Gram's stain, and Mallory's connective-tissue stain. The following appearances are found: The growth is surrounded with a thin connective-tissue envelope which is continuous with a connective-tissue stroma ramifying freely through the growth. This stroma is arranged so as to form alveoli of large size. These alveoli are filled with what appears under low power and high illumination to be a homogeneous degenerated substance, but which, under close examination, is seen to be made up of cells closely packed together, sometimes flattened so as to present a stratified appearance. These cell masses are clearly necrotic, as they do not take up nuclear stain,

FIG. 2.



KARIN M. HALL fec.

A. Connective-tissue capsule. B. Healthy tumor cells. C. Area showing transition stage between healthy and necrotic cells. D. Cell necrosis complete. (Obj. 16 mm. Oc. 8 X. Formol-Müller. Hem.-eos.)

but are stained by eosin in the hæmatoxylin-eosin process and by picric acid in the Van Gieson method. Areas are observed where the necrotic process has not taken place. Here we see the alveolus is filled with medium-sized round cells, with round nuclei staining with moderate intensity. There can be no connective-tissue fibres demonstrated between the cells. The cell growth is evidently derived from the endothelium of the lymph spaces. That the above cellular necrosis affects such collections of cells as those just described is shown by the fact that the stages of transition from one to the other can be demonstrated. The connective-tissue stroma shows a very peculiar phenomenon. There is active hyperplasia,

with a very marked round-celled infiltration. New-formed blood-vessels are numerous. Very characteristic is the development of *giant cells*, which are very numerous and are uniformly applied to the margins of the necrotic cell areas, sometimes completely surrounding an alveolar space like a skirmish line. Their peripheral arrangement combined with the fact that they are so closely applied to the cell masses, and often adjust their shape to these masses (being long, slender, and flattened), make one believe that their function is phagocytic.

My opinion is that an endotheliomatous growth started in the subcutaneous connective tissue; that it grew steadily for six months, and then, for some unknown reason, became arrested; that a necrosis or atrophy of the cells of the tumor took place; that later this inactive tissue began to act as an irritant, and the response was a productive inflammatory process which endeavored to remove a foreign mass. The very abundant presence and peculiar arrangement of the giant cells seems to show that the function of these cells is an absorptive one.

I am aware that the belief that spontaneous healing of a malignant growth does not occur is so strongly rooted that it is the custom for pathologists to assume that such cases, when reported, are errors in diagnosis.

I present the evidence in this case without comment, allowing the history, the record of the examination, and the drawings made from the slides to furnish their own evidence.

THE MENTAL STATES ASSOCIATED WITH CHOREA.¹

WITH A REPORT OF TWO CASES OF DEMENTIA CHOREICA.

By A. W. HOISHOLT, M.D.,

ASSISTANT PHYSICIAN TO STATE HOSPITAL, STOCKTON, CAL.

CHOREA has been known as a disease for centuries, and has popularly been so closely associated with the name of St. Vitus' dance since the Middle Ages that the original application of the latter term has been comparatively obscured. St. Vitus' dance was originally applied to the remarkable epidemic outbursts of combined mental and physical excitement which after the fourteenth century became known as tarantism or dancing mania. The sufferers resorted to the chapels of St. Vitus, in Swabia, Germany, for relief, believing the patron saint of these chapels to possess the power of curing them. Many neurologists, therefore, correctly

¹ Paper read before the California Northern District Medical Society, June 14, 1904.